



Application S.N./Registration No.: 1017108391  
 Filing Date: 01/30/04 File/Docket No.: 2008/14

### Receipt of Transmitted Documents

Patent Office Mail Room: Please place the Mail Room Date Stamp on this card to indicate receipt by the U.S. PTO of the paper(s) identified below and return card to sender.

#### Type of Paper:

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Amendment     | <input type="checkbox"/> Declaration                                   |
| <input type="checkbox"/> Brief                    | <input type="checkbox"/> Certificate of Corr.                          |
| <input type="checkbox"/> Maintenance Fee          | <input type="checkbox"/> Request for Ext. of Time                      |
| <input type="checkbox"/> Appeal Board's Decision  | <input type="checkbox"/> Petition                                      |
| <input type="checkbox"/> Issue Fee                | <input type="checkbox"/> Missing Parts                                 |
| <input type="checkbox"/> Priority Document        | <input type="checkbox"/> 132 Declaration                               |
| <input type="checkbox"/> Formal Drawings          | <input type="checkbox"/> Transmittal Letter (in duplicate)             |
| <input type="checkbox"/> Notice of Appeal         | <input type="checkbox"/> Rule 53(d) Continuation (CPA)                 |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Assignment w/rec. Cover Sheet                 |
| <input type="checkbox"/> Terminal Disclaimer      | <input type="checkbox"/> Other: .....                                  |
| <input type="checkbox"/> Request for Recon.       | <input type="checkbox"/> Deposit Acct Authorization and Info. Provided |
| <input type="checkbox"/> References (IDS)/PTO1449 |  |
| <input type="checkbox"/> Preliminary Amend.       |  |

A Check drawn in the amount of \$..... (#.....)  
 is also attached hereto.  
 Mailed: .....  COM  COEM #..... US

BEST AVAILABLE COPY



Mailing Label  
 Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

| ORIGIN (POSTAL SERVICE USE ONLY)  |  |                          |               |   |
|---|--|--------------------------|---------------|---|
| PO ZIP Code   | Day of Delivery  | Postage                  |               |   |
|   | <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | \$                       |               |   |
| Scheduled Date of Delivery  |  | Return Receipt Fee       |               |   |
| Month Day   |  | \$                       |               |   |
| Mo. Day Year  | Scheduled Time of Delivery   | COD Fee                  | Insurance Fee |   |
| Time Accepted   | <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                                      | \$                       | \$            |   |
| Mo. Day Year  | Military   |                          |               |   |
| Time Accepted   | <input type="checkbox"/> AM <input type="checkbox"/> PM  | Total Postage & Fees     |               |   |
| Flat Rate <input type="checkbox"/> or Weight                                | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                | \$                       |               |   |
| lbs. ozs.   | Int'l Alpha Country Code   | Acceptance Emp. Initials |               |   |
| CUSTOMER USE ONLY<br>METHOD OF PAYMENT:<br>Express Mail Corporate Acct. No. |  |                          |               | Federal Agency Acct. No. or<br>Postal Service Acct. No. |

| DELIVERY (POSTAL USE ONLY)  |      |   |                    |
|---|------|---|--------------------|
| Delivery Attempt  | Time | <input type="checkbox"/> AM                                       | Employee Signature |
| Mo. Day   |      | <input type="checkbox"/> PM                                       |                    |
| Delivery Attempt  | Time | <input type="checkbox"/> AM                                       | Employee Signature |
| Mo. Day   |      | <input type="checkbox"/> PM                                       |                    |
| Delivery Date   | Time | <input type="checkbox"/> AM                                       | Employee Signature |
| Mo. Day   |      | <input type="checkbox"/> PM                                       |                    |
| <input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Mail Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery. |      |   |                    |
| NO DELIVERY   |      | <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Customer Signature |

PRESS HARD, YOU ARE MAKING 3 COPIES.

STEVEN GARNER  
 LEGAL DEPARTMENT  
 CONAIR CORPORATION  
 1 CUMMINGS POINT RD STE 1  
 STAMFORD CT 06902-7901  
 USA

COMMISSIONER FOR PATENTS  
 PO BOX 1450  
 ALEXANDRIA, VA 22313-1450

FOR PICKUP OR TRACKING: Visit [WWW.usps.com](http://WWW.usps.com) or Call 1-800-222-1811

